

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**Jan 30, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # A97000000800**

1. Entity Name  
**SEBRING SQUARE, LTD.**



Principal Place of Business

**P.O. BOX 2707  
PALM BEACH, FL 33480**

Mailing Address

**P.O. BOX 2707  
PALM BEACH, FL 33480**

**DO NOT WRITE IN THIS SPACE**



01102006 No Chg-LP

CR2E003 (11/05)

4. FEI Number

**11-3380889**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**FLEMING HAILE & SHAW, P.A.  
11780 SOUTH US HIGHWAY 1  
SUITE 300  
PALM BEACH GARDENS, FL 33408**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent

SIGNATURE

*Signature, typed or printed name of registered agent and title if applicable.*

DATE

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2006, Fee will be \$900.00**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

DOCUMENT # **P97000031795**  
NAME **SEBRING SQUARE, INC.**  
STREET ADDRESS **255 S. COUNTY ROAD, SUITE 201**  
CITY-ST-ZIP **PALM BEACH, FL 33480**

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02/07/06-80104-023 500.00

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STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

**SIGNATURE:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER**

Date

Daytime Phone #

**Jeffrey S. Lee** 1-26-06 561-659-7900